



California Chiropractic Association JOURNAL

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(Provided to Doctors of Chiropractic Only)

Use this informational guide to help plan your trip to this year's exciting CCA/CCF Annual Convention in Monterey.

California Chiropractic Association Journal is published for California doctors of chiropractic and their staff to inform them of current developments in the practice of chiropractic health care.

Cover artwork by Winter Graphics

For the Record

By Garrett F. Cuneo
CCA Executive Director

Are We Really That Bad?

How many times have you heard from individuals outside the profession and even from within: "Boy, you guys sure treat a lot! ...I get more bills from you than from 'real' doctors! ... Does anybody regulate you? ... Your State Board does a poor job of protecting the consumer public! ... This is a profession which will self-destruct because of over-utilization!... CCA doesn't care about abusers and will allow anyone to join."

You have probably heard these accusations more times than you care to remember. As a profession, are we really as bad as our critics claim?

Before answering that question, we need to understand the environment in which we operate. Terms like "outcome studies", "standards of care" and "managed care" are no longer concepts that are discussed only in school; they are the reality of practicing in the new health care environment. Additionally, the health care dollar is shrinking. Issues of treatment and utilization necessity previously treated by insurers with complacency are now of real concern to both the public and private agencies.

In this environment we need to be concerned about how we are perceived. The short answer to the question of whether we are really that bad is yes and no. Yes, we have abusers of the system, and no, we aren't any worse than any other health care profession. In fact, as a profession we are more willing than others to recognize our shortcomings and attempt to correct them.

Unfortunately, as a relatively young profession, in terms of acceptance in the health care community, we are like the new kid on the block who needs to be a little better than everyone else in order to maintain acceptance.

Our task is twice as difficult, because the boycott against this profession by the American Medical Association



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(AMA) was successful. In one respect, AMA did discourage and/or block the flow of information regarding the chiropractic profession from the decision-makers in health care.

Up until the decision by Federal Judge Getzendanner in 1987 which found that AMA had conspired to eliminate this profession, there were no significant reports regarding chiropractic. It's like chiropractic never even existed which is not coincidental. Now consider the research done on this profession since the judge's decision, like those appearing in the *British Medical Journal*, *Western Journal of Medicine* and others. Coincidental? I don't think so. It's little wonder that government and business decision-makers have a jaundiced view of chiropractic and cringe when they see a doctor's bill with 10 to 15 visits.

Part of the solution to this dilemma is

through direct contact with decision-makers. We must understand that their skepticism about chiropractic has more to do with ignorance than prejudice. Clearly, the more contact we have with them concerning our treatment procedures, the better our relationship will be with them.

But communication isn't enough to improve our image with decision-makers. You know as well as I do that there are individuals in the profession who abuse the system. There is the individual who will treat a patient steadily until med-pay is depleted when suddenly a miracle occurs and the patient is released. Or there is the practitioner who treats patients with insurance for four or five months, but treats a non-injured patient with the same condition only a few visits because there is no insurance involved.

These practitioners do nothing but hurt the entire profession. When there was plenty of money in the health care arena, the abusers didn't matter so much. But in today's environment where decision-makers are juggling various health care options with a shrinking dollar, these abusers are giving the already skeptical decision-makers another excuse to exclude chiropractic care from the plans.

Are we as a profession and an Association willing to take steps to control our abusers? Definitely yes!

"Managed Care" and "Parameters of Practice" are phrases which are anathema to any health care practitioner. They are contrary to everything that a professional has been taught in school. Yet this profession and, more specifically, this Association, was at the forefront of initiating such programs, placing this Asso-

(Continued on page 8)

Ethics Committee

By Marilyn P. Smith, DC
Statewide Ethics Committee Chairperson

Ethics Review Process

CCA'S ETHICS COMMITTEE RESPONDS TO VIOLATIONS OF THE CODE OF ETHICS

Mary J.* visited a doctor of chiropractic because of an advertisement for a free screening examination. Following the visit, during which Mary's complete health history was taken and a comprehensive examination given, she received a bill from the doctor in excess of \$200. Mary is upset with what she perceives to be the doctor's fraudulent and misleading advertising. Her question—what can the CCA do for her about this situation?

Tom S., an insurance adjuster, receives claims from a family of three who were injured in an automobile accident. The three family members were all treated by the same doctor of chiropractic. All members, an adult, a six year old child, and a four month old infant who had been restrained in a car seat, each sustained different injuries with varying degrees of severity, but were given treatment of equal intensity and duration. Tom wonders if the CCA can help him determine if the doctor has appropriately managed each patient's care.

Answers to these questions can be found in the CCA Ethics Review Process. Built upon the CCA *Code of Ethics*, which stands as a model of health care and patient treatment to which all member doctors are asked to subscribe, the review process is a non-binding objective procedure for examination and dispute resolution regarding patient treatment and related care. The *Code of Ethics*, which is patterned after a national organization code previously approved by the Federal Trade Commission, also establishes a method for determining positions and/or opinions on ethical questions, including scope of practice, and

articulates the *Rules of Ethics* which establish the minimum behavior and performance standards required of CCA members.

Review of a potential violation of the CCA *Code of Ethics*, or a "challenge" as it is formally named, begins with the submission of a written synopsis of the circumstances surrounding the alleged violation. All complaints receive an initial review by the Statewide Ethics Committee Chairperson. The Chairperson must determine, if it is not clear from the complaint, what portion of the *Code of Ethics* may have been violated. Some complaints are vague and require follow-up with the petitioner; some alleged violations are severe enough to warrant immediate intervention by the State Board or an appropriate law enforcement agency. In the latter situation, an ethics review is postponed until the intervening agency has conducted its investigation.

Complaints determined to be within the purview of the Ethics Committee are forwarded to one of eleven regional committees for intensive and thorough review. The committee, which is comprised of a minimum of five members, reviews relevant information and discusses facts germane to the complaint. Individually, committee members assess the complaint and make a recommendation to their Regional Committee Chairperson as to whether or not a section of the *Code of Ethics* has been violated. In cases where the committee determines that a violation has occurred, appropriate disciplinary action is recommended.

At its discretion, the committee, with the concurrence of the Statewide Chairperson, may recommend any of the following sanctions for a member who has

been found to be in violation of the *Code of Ethics*: reprimand to the member of the CCA, with publication of the determination but not the member's name; suspension of the member from the CCA for a designated period, with publication of the determination and with or without publication of the member's name; or termination of the member from the CCA with publication of the determination and the member's name.

The decision of the Regional Committee may be appealed by either the petitioner or the doctor who is accused of committing the violation. The Statewide Ethics Committee, which is comprised of the Statewide Chairperson, a member appointed by the Board of Directors, and three Regional Ethics Committee chairpersons, is the first body to hear an appeal. Subsequent to this review, an appeal may be made to the CCA Executive Committee or Board of Directors, respectively.

The CCA Ethics Review process is a dynamic and evolving endeavor. During the past year, considerable time has been spent testing and revising review procedures and methods of processing information to ensure greater efficiency

**UPCOMING PLANS INCLUDE THE POSSIBLE REVIEW
AND EXPANSION OF THE CODE OF ETHICS IN ORDER
TO MORE CLEARLY DELINEATE VIOLATIONS.
See actual Code of Ethics on following page.**

and timeliness. Upcoming plans include the possible review and expansion of the *Code of Ethics* in order to more clearly delineate violations. Regional Committee chairpersons will also meet at least twice during the year to collectively examine the review process, discuss procedures, and make recommendations to further improve the process.

The CCA Ethics Committee serves a vital purpose. Through the review pro-

cess, health care consumers are protected from inappropriate and unethical practices. As members, individual doctors can rest assured that inappropriate behavior, which reflects poorly on chiropractic, overall, will not be tolerated. The profession, as a whole, benefits from these efforts to create and uphold exemplary standards of practice.

If you have questions about the review process or would like additional instructions about filing a complaint, contact Barbara Klide at the CCA office at (916) 387-0177. ❖



CALIFORNIA CHIROPRACTIC ASSOCIATION

CODE OF ETHICS

The CCA Code of Ethics establishes the paragon of ethical standards for chiropractic doctors as they strive for excellence in the health care profession. Members of the California Chiropractic Association pledge to respect and uphold the CCA Code of Ethics and thereby meet the highest professional standards in the chiropractic health care profession. The following condensed Principles and Rules of Ethics are provided to inform health care consumers and others. These are the critical standards to which CCA members must adhere.

I. PRINCIPLES OF ETHICS

The Principles of Ethics form the first part of this Code. They are aspirational and inspirational model standards of exemplary professional conduct for all members. They serve as goals that California Chiropractic Association members should constantly strive to reach.

Ethics in Chiropractic

An issue of ethics in chiropractic is resolved by the determination that the best interest of the patient is served. Providing Chiropractic Services

Chiropractic Services

Chiropractic services must be provided with compassion, respect for human dignity, honesty, and integrity. Competence of the Chiropractor

A chiropractor must maintain competence by continued study. That competence must be supplemented with the talents of other professionals and with consultation when indicated.

Communication with the Patient

Open communication with the patient is essential. Patient confidence must be safeguarded within the constraints of the law. Fees for Chiropractic Services

Fees for Chiropractic Services

Fees for chiropractic services must not exploit patients or others who pay for the services. Identification of the Deficient Chiropractor

Those chiropractic doctors who behave unethically, or who engage in fraud or deception, should be identified to appropriate authorities. Ethical Rules

It is the duty of a chiropractic doctor to place the patient's welfare and rights above all other considerations. To this end, one must subscribe to ethical rules which are for the benefit of the patient.

II. RULES OF ETHICS

The Rules of Ethics form the second part of this Code. They are mandatory and directive, requiring specific standards of minimally acceptable professional conduct for all members of the California Chiropractic Association. The Rules of Ethics are enforceable for all members of the California Chiropractic Association. Competence

A chiropractic doctor is educated and trained to provide chiropractic care and should perform only those procedures in which the chiropractic doctor is competent. The chiropractic doctor must not misrepresent credentials, training, experience, ability or results. Informed Consent

The performance of chiropractic procedures shall be preceded by appropriate informed consent. Clinical Experiments and Investigative Procedures

Use of clinical experiments shall be approved by appropriate review mechanisms. Appropriate informed consent must be obtained. Communications to the Public

Communications to the public must be accurate. They must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means. They must not omit material information without which the communications would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; and they must not create unjustified expectations of results. If communications refer to benefits or other attributes of chiropractic procedures that involve significant risks, realistic assessments of their safety and efficacy must also be included, as well as the availability of alternative and, where necessary, to avoid deception, descriptions of those alternatives. Communications must not contain material claims of superiority that cannot be substantiated. If the communication results from payment by a chiropractic doctor, this must be disclosed unless the nature, format or medium make it apparent.

for these procedures must recognize their special nature and ramifications.

Other Opinions

Additional opinion(s) shall be obtained if requested by the patient. Consultation(s) shall be obtained if required by the condition.

The Impaired Chiropractic Doctor

A physically, mentally, or emotionally impaired chiropractic doctor should withdraw from those aspects of practice affected by the impairment. If the chiropractic doctor does not withdraw, it is the duty of other chiropractic doctor(s) who know of the impairment to take to bring the impaired chiropractic doctor's condition to the attention of the appropriate authorities. Delegation of Services

A chiropractic doctor must not delegate to an auxiliary those aspects of chiropractic care within the unique competence of the chiropractic doctor. When other aspects of care for which the chiropractic doctor is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. Chiropractic Procedures

Chiropractic Procedures

A chiropractic doctor must not misrepresent the service that is performed or the charges made for that service. Procedures and Materials

Procedures and Materials

A chiropractic doctor should order only those laboratory procedures, devices, or materials that are in the best interests of the patient. Commercial Relationships

A chiropractic doctor's clinical judgment and practice must not be affected by economic interest in professionally related commercial enterprises. Communications to Colleagues

Communications to colleagues on research, including clinical investigations, must be accurate and truthful. Communications to the Public

Communications to the public must be accurate. They must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means. They must not omit material information without which the communications would be deceptive. Communications must not appeal to an individual's anxiety in an excessive or unfair way; and they must not create unjustified expectations of results. If communications refer to benefits or other attributes of chiropractic procedures that involve significant risks, realistic assessments of their safety and efficacy must also be included, as well as the availability of alternative and, where necessary, to avoid deception, descriptions of those alternatives. Communications must not contain material claims of superiority that cannot be substantiated. If the communication results from payment by a chiropractic doctor, this must be disclosed unless the nature, format or medium make it apparent.

For a framable copy of the CCA Code of Ethics, CCA members are invited to send a self-addressed 9" x 12" envelope to: CCA Code of Ethics, 7801 Folsom Blvd., Suite 375, Sacramento, CA 95826.

* Fictitious name and circumstances.

The Consumer Complaint

The law provides the right for any member of the public to complain to state licensing boards concerning their licentiates. Provided the complaint is made in good faith, and allegations are not blatantly bantered about, the law also provides protection to the complaining consumer. The California Board of Chiropractic Examiners is one of the boards to which any member of the public may complain.

Due to the fact that initial complaints are made based on the individual's perception of the situation, most complaints are considered confidential information until such time as they are substantiated and an accusation is filed. Once the accusation is a matter of record, the information is available to the public.

The confidential status of the complaint means that the complainant will not be advised of complaint progress, although he/she will be advised of the final disposition of the matter. If the complaint proceeds to the filing of an accusation, the matter becomes public and may be followed by any interested individual.

Once a complaint is received in the Board office the wheels begin to turn. The first step is the evaluation of the complaint to determine what initial action is appropriate. In most cases, the complaint will be summarized and sent to the doctor for his explanation of the circumstances leading to the complaint. A request is also made for copies of the patient's file, including x-rays. In order to secure these materials, the complainant must sign an authorization to release the records.

If the complainant has neglected to sign the release form, action on the complaint may be delayed while the necessary authorization is received. The doctor is not obligated to release information without this form, and would probably be ill-advised to do so. Further, the Board's future case may be placed in jeopardy for its failure to secure the

release before obtaining records. The authorization to release records plays an important part in the complaint process.

Once the doctor responds to the initial inquiry by providing his explanation, documented with copies of his records related to the specific complaint, the information, including the consumer complaint is sent to a chiropractic expert for review. The expert will make a

recommendation to the Board staff. The expert's recommendation may take any of several forms. The expert may conclude that there are no inappropriate acts and recommend closure of the case. The expert may request additional information from either one or all of the parties involved in the complaint. A formal field investigation may be recommended, or the expert may suggest a warning letter be sent to the doctor and retained in the doctors file.

If the expert recommends a formal field investigation, the Board will proceed to interview the parties involved and obtain their declarations. All available facts are gathered at this stage. When the investigator believes all relevant information has been obtained, the final report will be returned to the Board office.

Some types of complaints are referred directly to formal field investigation and no attempt to make a complaint inquiry is attempted by the Board staff. These types of complaints include allegations of sexual misconduct and some allegations of fraudulent activities. On occasion, the Board office will receive a complaint which is already being investigated by another agency. In these cases, the Board staff may also defer contacting the subject to avoid jeopardizing another agency's investigation. An attempt is made to coordinate the activities so that the Board office is kept in-

formed, but does not interfere with the other agency's activities. Other agencies also contact the Board office and request similar cooperation. The Board office cooperates with law enforcement agencies to every extent possible. Depending on the type of complaint, a determination will be made in the Board office whether to submit the case directly to the Attorney General's Office for further action, to obtain additional expert opinion based on the facts revealed in the investigation, or to close the matter.

All cases centering on patient care are sent to a chiropractic consultant for an expert opinion. Other cases having to do with violations of law not directly related to patient care may proceed based on the findings of the investigator, or the recommendations of the Attorney General's Office. Throughout the complaint and investigation stages of the enforcement process, information concerning the case is confidential. This policy is adhered to in order to protect the integrity of the case, and to protect the innocent parties involved. At the point at which a violation of law is sustained, the matter will be referred to the Attorney General's Office and an accusation may be filed. Once the accusation is filed, the case becomes subject to discovery, and is available for public disclosure. A source of confusion is the perception that the Board of Chiropractic Examiners can take immediate action against a licensee. Licentiates of any board are subject to the same due process rights afforded to all residents of California. The Board may only take that action by which it has the authority under law. This is one of many issues which may be explored through future discussion. The next area to be covered in this column will be the events that occur following the filing of an accusation. ♦

THE BOARD MAY ONLY TAKE THAT

ACTION BY WHICH IT HAS THE AUTHORITY UNDER LAW.

Advertising Advice

In order to assist doctors in complying with California advertising laws, the State Board of Chiropractic Examiners has prepared the following information as broad guidelines.

Before placing any advertisements there may be some benefit in reviewing Section 651 of the Business and Professions Code to ensure that your advertisement meets the law.

In addition to Section 651 of the Business and Professions Code, the Board uses the following laws related specifically to chiropractic when reviewing the appropriateness of an advertisement.

Chiropractors must include their licensed name in all advertisements. (Section 10 of the Chiropractic Initiative Act.)

The Board does not recognize false or assumed names, therefore if a chiropractor chooses a fictitious name that does not include his licensed name, his licensed name must always be included in the advertisements.

Chiropractors must include their degree (Chiropractor or DC) when using the word "doctor" or the prefix "Dr." in front of their name.

BEFORE PLACING ANY ADVERTISEMENTS, REVIEW SECTION 651 OF THE BUSINESS AND PROFESSIONS CODE TO ENSURE THAT YOUR ADVERTISEMENT MEETS THE REQUIREMENTS OF THE LAW.

Act states in part, "...the use of letters "MD" or the words "doctor of medicine", or the term "surgeon", or the term "physician" or the word "osteopath" or the letters "DO" or any other letters, prefixes or suffixes, the use of which would indicate that he or she was practicing a profession for which he or she held no license from the State of California, shall be guilty of a misdemeanor..."

Chiropractors may not use the term "Physical Therapy" in advertising.

California Code of Regulations, Title 16, Division 4, Section 302(a)(7) states in part, "...A chiropractor may not hold himself or herself out as being licensed as anything other than a chiropractor or as holding any other healing arts license or as practicing physical therapy or use the term "physical therapy" in advertising

unless he or she holds another such license.

In order to advertise in

specialty areas a chiropractor must be certified by a specialty board. A chiropractor may advertise those areas in which he or she is certified by a certification board recognized by the Board of Chiropractic Examiners.

Business and Professions Code, Section 651(h)(5) states in part, ...Advertising by any person so licensed may include the following: A statement that the practitioner is certified by a private or public board or agency or a statement that the

practitioner limits his or her practice to specific fields.

Chiropractors may include a statement that he or she is certified or is eligible for certification by a private or public board or parent association recognized by that practitioner's licensing board.

Certification for Orthopedist or Chiropractic Orthopedist may require at least an additional 300 hours of specialty education (including casting) and may be granted by the American Board of Chiropractic Orthopedic Examiners.

Free services may be offered by chiropractors as long as the advertisement states the usual and customary fees for such service. The advertisement must clearly state the services which are free. Such as: spinal examination, physical examination, consultation. When advertising free x-rays, it must be noted "only when needed" and specify which x-rays are free.

Chiropractors advertising "no out of pocket expense" (NOOPE), may do so. However, they must notify all parties concerned that this is their intention.

Section 317 Unprofessional Conduct
Unprofessional conduct includes, but is not limited to the following: (1) Entering into an agreement to waive, abrogate, or rebate the deductible and/or co-payment amounts of any insurance policy by forgiving any or all of any patient's obligation for payment thereunder, when used as an advertising and/or marketing procedure, unless the insurer is notified in writing of the fact of such waiver, abrogation, rebate, or forgiveness in each such instance.

Advertising in a manner which implies superiority may be false and misleading.

As a general rule of thumb, all advertising must be truthful, and must not in any manner be false or misleading. ❖

A CHIROPRACTOR MAY ADVERTISE THOSE AREAS IN WHICH HE OR SHE IS CERTIFIED BY A CERTIFICATION BOARD RECOGNIZED BY THE BOARD OF CHIROPRACTIC EXAMINERS.

Section 15 of the California Initiative Act states in part, "...any licensee under this act who uses the word "doctor" or the prefix "Dr." without the word "chiropractor", or "DC" immediately following his or her name, shall be guilty of a misdemeanor..."

Chiropractors may not use the words "physician", "doctor of medicine", "surgeon", "osteopath", or the letters "MD" or "DO".

Section 15 of the Chiropractic Initiative

Disciplinary Actions

The CCA Journal regularly publishes the disciplinary actions of the California State Board of Chiropractic Examiners which are approved at their monthly meetings. Following are actions of the State Board since January 1, 1993.

Ron Vittal Ronen, DC - Campbell - License No. 18938

Stipulation - Order. Violations of Business and Professions Codes 1000-10, 726, and Section 317(h) of Title 16, California Code of Regulations, Revocation/Stayed, five years probation. Effective February 20, 1993. (Sexual misconduct, criminal conviction).

Mohammed Naim Shouka, DC - Anaheim - License No. 20790

Stipulation - Order. Violation of Section 1000-10 of the Business and Professions Code, Sections 312 and 317(i) of Title 16, California Code of Regulations. Revocation/Stayed, three years probation. Effective February 6, 1993. (Practicing without a license).

Loren Wesley Knighton, DC - Woodland - License No. 11211

Proposed Decision - Order. Violation of Section 1000-10(b) and 726 of the Business and Professions Code, Sections 317(g)(h)(j) and (p), Title 16, California Code of Regulations. Revocation/Stayed, one year suspension and ten years probation. Effective February 6, 1993. (Conviction of a crime, act of fraud or misrepresentation, sexual misconduct).

Robin Kathleen Burdt, DC - Escondido - License No. 13958

Stipulation - Order. Violation of Section 822 of the Business and Professions Code, Section 317(a)(b)(e), Title 16, California Code of Regulations. Revocation/Stayed, five years probation with terms and conditions. Effective February 3, 1993. (Uncontrolled bipolar disorder).

Don Carlson Sanchez, DC - Rocklin - License No. 15847

Stipulation - Order. Violation of Sections 1000-10 and 490 of the California Business and Professions Code and Sections 317(e)(f)(g) and (h) of Title 16, California Code of Regulations. Revocation/Stayed, thirty days suspension, five years probation with terms and conditions. Effective March 20, 1993. (Conviction relating to the practice of chiropractic).

Daniel Ralph Molina, DC - Fresno - License No. 14999

Book Review

SELECTED ETHICS AND PROTOCOLS IN CHIROPRACTIC

Edward Maurer,
Aspen Publishers, 1991, 273 pp.

Selected Ethics and Protocols in chiropractic harmonizes moral principles with applied ethics. Concepts of moral philosophy and virtues are introduced with examples of moral dilemmas that confront the chiropractor. The author successfully expands these concepts into practical application in chiropractic practice through additional discussions of advertising, diagnostic imaging and protocols in third party payors. The topics are diverse with an intent to strengthen the applications of ethics with common sense advice.

The author's presentation is pragmatic, creating a text that is understandable with wisdom and insight into ethical decision-making. It stands as a reminder that chiropractic is a science and art that is influenced by human interactions.

PRINCIPLES OF BIOMEDICAL ETHICS, THIRD EDITION

Tom Beauchamp/James Childress,
Oxford University Press, 1989, 470 pp.

This text introduces a moral framework for the reader to assess principles of morality and applied ethics within the rapid technological changes evidences in biological sciences and health care.

Proposed Decision - Order. Violation of Sections 1000-10 and 726 of the Business and Professions Code and Section 317(b), Title 16, California Code of Regulations. Revocation/Stayed, six months suspension, five years probation with terms and conditions. Effective March 20, 1993. (Repeated negligent acts relating to sexual misconduct).

Daniel M. Martello, DC - San Francisco - License No. 17901

Stipulation - Order. Violation of Sections 4390 and 4149 of the Business and Professions Code and Sections 317(e)(i)(j) and (p) of Title 16, California Code of Regulations. Revocation/Stayed, three years probation with terms and condi-

The authors present a systematic analysis of ethical principles which include respect for autonomy, nonmaleficence, beneficence, justice and professional-patient relationships.

The book presents a moral point of view of health care providers and researchers who face moral decisions on a daily basis. It brings to light moral dilemmas with conflicting considerations of decision making.

MORAL CONTROVERSIES, RACE, CLASS, AND GENDER IN APPLIED ETHICS

Steven Jay Gold,
Wadsworth Publishing Co., 1993, 609 pp.

Moral Controversies is a diverse presentation of moral issues that demand the reader to face difficult social and medical issues. The text presents 46 articles and 33 case histories with landmark judicial decisions.

Traditional issues are addressed including abortion, surrogate motherhood, gay rights, euthanasia, the death penalty, animals and the environment, and testing. Testing for truth, drugs, and HIV infection are common debates which are well addressed.

The orientation of the text is controversial with a balance of radical perspectives that will challenge your critical thinking.

tions. Effective April 17, 1993. (Attempting to pass false prescription and possession of hypodermic needle and syringe).

William J. Holmes, DC - Escondido - License No. 15243

Default Decision. Conviction of Section 242 of the California Penal Code, Section 726 of the Business and Professions Code, Sections 316(b) and 317(j), Title 16, California Code of Regulations. Revocation effective April 17, 1993. (Conviction of misdemeanor, sexual misconduct). ❖

By C. Bret Sullivan, DC, DABCO
Insurance Relations Department Chairperson

Fighting Fraud



Over the past few years, the "F" word, Fraud, has become the topic of conversation and the buzzword of the 1990s. Stopping fraudulently submitted claims for persons allegedly injured in auto accidents is at the top of the list for insurance companies. Companies are committed to investigating providers and insureds and ending fraudulent claims.

These startling statistics and revealing facts cut right to the heart of the matter:

- At least 200 auto accidents per day are forced to occur. These accidents are not "accidents", they are thoroughly planned and executed set ups to look like accidents. This includes staged accidents in which there were no vehicles and no drivers; the accidents occur on paper only. The paper work is the only evidence that these incidents occurred and is the only information received by the insurance company.

- "Passenger Stuffing" is another trick. While only the driver and one passenger were at the scene of the accident, the paper work submitted to the insurance company shows multiple passengers, all sustaining virtually identical injuries.

- The California Highway Patrol has a special investigation unit in the Los Angeles area; its only purpose is to investigate staged accidents.

Based on these facts, is it any wonder that claims submitted and reviewed by insurance companies receive so much skeptical attention? CCA has been meeting with auto insurance carriers over the last few months and has plans to meet with other carriers in the future. The purpose of these meetings is to be part of the solution to fraud and other problems. Instead of standing back and waiting for a catastrophe to occur, CCA is proactively addressing the concerns of the insurance industry. CCA is showing

should be noted in writing in the appropriate records.

If you have problems with personal injury carriers, make sure you contact the CCA so that action can be taken to resolve the issue. If we police ourselves and take action to stop fraud, we will have less difficulty with insurance companies. ♦

**IT IS IMPERATIVE THAT
CHIROPRACTIC DOCTORS INSURE
THAT THEIR RECORDS COMPLY
WITH ALL PROVISIONS REQUIRED
BY THE BOARD OF CHIROPRACTIC
EXAMINERS AND ARE CONSIS-
TENT WITH THE *MERCY*
CONFERENCE DOCUMENT.**

carriers that only a very few doctors of chiropractic are involved in "scams" and that the majority of doctors of chiropractic are providing good quality chiropractic care, with better results than other providers.

It is extremely important that you do your part to clean up the profession too. If you review documents from providers which seem to be fraudulent, report any possible wrong-doing to the appropriate agency that regulates that profession.

It is imperative that chiropractic doctors insure that their records comply with all provisions required by the Board of Chiropractic Examiners and are consistent with the *Mercy Conference Document*. Follow the "Three D's" of practice: Document - Document - Document. Everything that occurs in your office

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